

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Tom D. Settle  
1101 Third Avenue  
Altoona, PA 16603

## COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

## C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

## 3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

## 2. Article Number

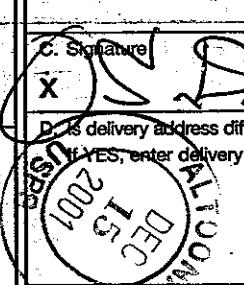
(Transfer from service label)

7000 0520 0023 0164 9023

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424



30

1/14/02

mf

FILED

JAN 11 2002

PER *CH3*  
HARRISBURG, PA DEPUTY CLERK

994

CV-01-944

order of

12-6-01

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